

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-011815  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 384 Primary Registration District No. 3039 Registrar's No. 59

FILED APR 3 1962

1. PLACE OF DEATH a. COUNTY <b>LINN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>LINN</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MARCELINE</b>		c. CITY OR TOWN <b>MARCELINE</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. FRANCIS HOSP.</b>		d. STREET ADDRESS (If outside, give location) <b>410 W. WALKER</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>HARRISON</b> Last <b>FRISBY</b>			4. DATE OF DEATH Month <b>3</b> Day <b>28</b> Year <b>1962</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-15-1885</b>	9. AGE (last birthday) <b>76</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>13</b> Hours <b>13</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ENGINEER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>ATSF</b>		11. BIRTHPLACE (City and state of country) <b>NEW HARMONY MO.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>DAVID CHARLES FRISBY</b>		13b. MOTHER'S MAIDEN NAME <b>HANNAH MARA CRAIG</b>	
14. NAME OF HUSBAND OR WIFE <b>OPAL MAY FRISBY</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	
17. INFORMANT <b>OPAL MAY FRISBY</b>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis &amp; Infarction</b> DUE TO (b) <b>Infarction</b> DUE TO (c) <b>Arteriosclerotic Cardiovascular Disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. INTERVAL BETWEEN ONSET AND DEATH <b>NO</b>	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>7:45</b> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	

21. I attended the deceased from <b>1956</b> to <b>3-28-62</b> and last saw her alive on <b>3-28-62</b> Death occurred at <b>7:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Stophel</b>	22b. ADDRESS <b>Marceline, MO</b>
22c. DATE SIGNED <b>3-30-62</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-31-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LAPLATA CEM.</b>	23d. LOCATION (City, town, or county) <b>LAPLATA</b>	23e. STATE <b>Mo.</b>
24. FUNERAL DIRECTOR <b>MILLER-Tillotson</b>		25. DATE RECD. BY LOCAL REG. <b>2-30-62</b>		26. REGISTRAR'S SIGNATURE <b>Gene Watson</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 4 1962

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lilburn K. Tillatson

Licensed Embalmer No. 4508

P. O. Address Marquette, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.